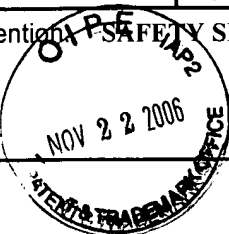



<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>SHPO26.6</b>	
Applicant(s): <b>Ferguson et al.</b>					
Application No. <b>10/660,083</b>	Filing Date <b>September 11, 2003</b>	Examiner <b>Cris Rodriguez</b>	Customer No. <b>32642</b>	Group Art Unit <b>3763</b>	Confirmation No. <b>5916</b>
Invention: <b>SAFETY SHIELD FOR MEDICAL NEEDLES</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	46 -	48 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	6 -	7 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>502375</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ <b>Matthew D. Thayne</b> Attorney for Applicant Attorney Registration No. 52,280 <b>STOEL RIVES, LLP</b> One Utah Center 201 S. Main Street, Suite 1100 Salt Lake City, Utah 84111 Telephone: (801) 328-3131			Dated: <b>November 22, 2006</b>		
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>		



PATENT APPLICATION  
Docket No.: SHP026.6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	)	
	)	
Ferguson <i>et al.</i>	)	
	)	
Serial No.: 10/660,083	)	Art Unit
	)	3763
Filed: September 11, 2003	)	
	)	
For: SAFETY SHIELD FOR MEDICAL NEEDLES	)	
	)	
Examiner: Cris Rodriguez	)	
	)	
Confirmation No.: 5916	)	

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Sir:

Responsive to the Office Action dated August 31, 2006, applicants respectfully requests entry of the following amendments and reconsideration of the pending claims in view of the remarks herein.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Amendments to the Drawings** begin on page 14 of this paper and include attached replacement sheet(s).

An **Appendix** including amended drawing figure(s) is attached.

**Remarks** begin on page 15 of this paper.